## IIIA. ADULT PROTECTIVE SERVICES (APS) FOR OLDER AND DISABLED ADULTS

Current Providers:		
Funding Sources:		<del></del>
Total Funding Last Fiscal Year:		
# Consumers Served Last Fiscal Year:		
A. EXISTENCE		
Are these services available to older and		
disabled adults in your community?		
1. Does your community have any services to assist older and	Yes	No
disabled adults out of situations where their safety is at risk,		
thus helping them avoid the need for APS?		
(What services are available to identify risk and prevent self-neglect among frail older adults who live alone? What services are available		
for caregivers to identify risk and prevent caregiver neglect or abuse?		
What services are available to identify risk and prevent exploitation		
of older adults by their caregivers?)		

OVERALL EXISTENCE RATING

1 2

3 4

5

B. ADEQUACY					
Are these services in sufficient supply for those who	need	l it?			
1. How consistently does your county DSS respond to an APS report within the required time standards for non-emergency and emergency conditions?	1	2	3	4	5
(Have there been any cases that were not evaluated within the required time frame? What were the barriers that prevented a timely evaluation in these cases? What were the consequences?)					
2. How manageable are the caseloads of your community's APS workers?	1	2	3	4	5
(What is the size of APS workers' average caseloads? What is the yearly turnover among APS/ workers? How does this compare to the state average and similar counties? How often are APS consumers visited before the case decision is made? How often are APS consumers visited per month if the need for protective services is substantiated?)					
OVERALL ADEQUACY RATING	1	2	3	4	5

C. ACCESSIBILITY		10			
How obtainable are these services for those most in	1				_
1. How adequate are the public information programs	1	2	3	4	5
conducted for APS services in your community?					
(What methods are used to inform the general public about elder					
abuse/neglect and how to report it (e.g., providing speakers for					
community groups, pamphlets, radio or television spots? What methods are used for discharge planners, ER personnel, police,					
firefighters, and EMS personnel? Describe the outreach programs in					
terms of media use, frequency, estimated size of target population and					
reviewers opinions.)					
2. To what extent does APS telephone system facilitate access	1	2	3	4	5
to APS?					
(Does your county DSS offer telephone access to services? Are they					
bilingual? Can people with hearing impairments call? Does the caller					
have to wait to reach an intake worker? i.e. is there a lengthy					
voicemail system that waits until option #8 or 9 to tell the caller to					
"press 8 to make an APS report")					
3. To what extent is the DSS after-hours number readily	1	2	3	4	5
available to both the public and professionals who may					
need to make APS reports on weekends, holidays, etc.?					
4. To what extent are DSS staff trained on APS Basic Skills	1	2	3	4	5
so that they are prepared to gather information relevant to					
APS cases?					
5. How adequate are the outreach programs conducted for	1	2	3	4	5
APS services in your community?					
(What formal arrangements do APS services have with hospitals and					
others with respect to discharge planning? What types of outreach					
education does APS conduct for police, fire, and rescue?)					
6. To what degree do older and disabled adults and their	1	2	3	4	5
families/caregivers know about APS?					
7. How adequate are the providers' screening and referral	1	2	3	4	5
procedures when a client does not need APS services?					
(What % of calls that do not constitute an APS report are referred for					
other services?)					
8.To what extent do key referral sources know about APS in	1	2	3	4	5
your community?					

(What % of cases are referred by key referral sources (doctors, nurses, hospital discharge planners, etc. in your community? What % of the referrals are appropriate? Confirmed? Substantiated?)					
<ul><li>9. To what degree do unsubstantiated APS consumers accept other adult services?</li><li>(What % are referred to other services in the community (outside DSS)? Is follow-up conducted for those referred to outside services?)</li></ul>	1	2	3	4	5
OVERALL ACCESSIBILITY RATING	1	2	3	4	5

D. EFFICIENCY AND DUPLICATION OF SERVICES					
How reasonable are the costs of services?					
Are options for streamlining services available in the co	mm	unit	y?		
1. How reasonable are the administrative costs of providing 1 2 3 4				5	
APS services in your community?					
(What % of the budget is used for administrative purposes? How					
does this % compare to state and comparable county averages?)					
OVERALL EFFICIENCY AND DUPLICATION RATING	1	2	3	4	5

E. Equity					
How available are these services to all who need them w	ithou	ıt bi	as?		
To what extent have there ever been any accusations that different standards of APS evaluation are applied to families of different ethnic or economic groups?  (Is cultural competency training required of social workers in the area of APS? What happens when a discrimination allegation is made?)	1	2	3	4	5
OVERALL EQUITY RATING	1	2	3	4	5

F. Quality/Effectiveness					
How successful are these services in addressing consum					_
1. How well were adults protected in the last fiscal year?	1	2	3	4	5
(What services were most commonly used to provide protection? What is the recidivism rate? If additional services are needed to provide protection, have these been identified and what efforts have been made to secure community support for these additional					
services?)  2. To what extent are APS staff kept up-to-date on policy and	1	2	3	4	5
legal or standards changes?	1	2	3	7	5
(What are the policies, rules, regulations on communicating important changes in the system and providing continuing education to staff an providers?)					
3. How sufficient are the initial employment qualifications for hiring APS staff?	1	2	3	4	5
(What are the staff/provider qualifications? What % of staff meet minimal qualifications? What % of staff exceed qualifications?)					
4. To what extent are staff oriented on "Person First" principle or "Person Centered" approach to individual relationships?	1	2	3	4	5
5. To what extent do APS staff fulfill continuing educational requirements, if applicable?	1	2	3	4	5
(What are the continuing education requirements for staff and providers? How do they compare to the state and similar county requirements? What organizations are qualified to provide education/training?)					
6. To what extent do the APS providers have special quality assessment or improvement efforts underway?	1	2	3	4	5
(What evaluations (e.g. client tracking, QA, process outcomes) have been undertaken for this service during the past 5 years?)					
7. To what extent does an advisory committee(s) guide the operations of APS in your community?	1	2	3	4	5
(Is there a team to help with protective plans? Is there an ethics committee that has input into operations of APS providers?)					
8. To what extent do APR work regularly with the local DSS	1	2	3	4	5

to help comply with APS laws and policy?					
9. How sufficient is the complaint resolution process?	1	2	3	4	5
(What are the characteristics of the complaint process (e.g.					
rules/procedures, tracking, resolving, reporting, use in evaluation,					
planning? What % of complaints are resolved through the process?  Do families feel their concerns are heard, that efforts are made to					
include the family in decisions made in APS cases?)					
10. To what extent are complaints considered during planning,	1	2	3	4	5
program development, or quality improvement efforts?	1	_	5	_	5
program development, or quanty improvement errorts:					
(What information is systematically used in agency/provider					
planning (e.g. client complaints, client feedback)?)					
11.To what extent does APS collaborate with other	1	2	3	4	5
agencies/organizations to help consumers with additional					
needs, such as food and housing?					
needs, such as rood and nedshig.					
(What are the working relations of collaborating agencies in finding					
additional services mentioned in question? What % of consumers					
receive assistance from other providers?)					
12. To what extent are APS reports appropriate?	1	2	3	4	5
(What are the total number of referrals? What % are inappropriate					
for APS? How do APS workers deal with inappropriate reports?					
How are citizens informed about both the duty to report suspected					
abuse/neglect, and the limitations of APS laws?)  12. To what extent is the community's percention of APS	1	2	3	4	5
13. To what extent is the community's perception of APS	1	_	3	4	3
positive and accurate?					
(What is the occurrence/nature of negative and positive publicity?)					
14. To what extent are APS reaching those older and disabled	1	2	3	4	5
adults most in need of service?		_		-	
addits most in nood of sorvice.					
(The annual number of older and disabled adults served ÷ estimates					
of the number of older and disabled adults in your community					
compared to the state rate and similar counties? What is the severity					
of the cases?)		-	-		
15. To what extent do APS regularly communicate unmet	1	2	3	4	5
needs and policy issues to county commissioners,					
planning, and other agencies?					
OVERALL QUALITY/EFFECTIVENESS RATING	1	2	3	4	5

Recap of Overall APS Ratings							
Existence	1	2	3	4	5		
Adequacy	1	2	3	4	5		
Accessibility	1	2	3	4	5		
Efficiency and Duplication	1	2	3	4	5		
Equity	1	2	3	4	5		
Quality/Effectiveness	1	2	3	4	5		

## **APS's Major Strengths:**

## **Identified Barriers and Areas for Improvement:**